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NURSES AND THEIR EDUCATION *

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Two or three times, as the years have gone by, I have seen cause to comment upon nurses and their education. If as to my criticisms I seem to be what some still call severe, let those smile who are conscience-clear, and for the rest let us hope they may find nutriment in what I say. I am fully free to speak critically, for in the early years of doubt and opposition to nurse training I was resolutely its friend.

Some of those now here have been with me triumphantly through many hard cases. We have won together, or lost, but never have I been other than fair and just to my nurses, or allowed them to suffer when they had done their duty.

In 1870 I wrote, complaining of the want of nurses. . . . Since I thus wrote training-schools have become many, and every little country or village hospital, and even private hospitals, send out nurses supposed to be trained. They expect to compete on even terms and for like wages with women who have had the discipline and training of the really competent education of our great schools. The same evil exists in my own profession. Not all the schools of medicine are equally competent to educate the doctor. For us, however, the law provides a Board of State Examiners. In theory this is excellent; in practice it does not as yet work as it might. It admits the best; it does not keep out all it should, nor has it notably stimulated methods of education.

As concerns the nurses, the time may come when such a board will be needed to stand between the public and the worst of the half educated. To some extent the Nurse Directories, not the private agencies, effect this purpose and do much to keep the nurses a superior body.

The first Directory was in Boston; the second was created here by

* Lecture delivered to the Nurses in Philadelphia.

Mrs. M. and other ladies at some cost. I know well that its value and services to the nursing body can hardly be overstated. Evils and abuses are, soon or late, found in all institutions; but of this be sure, that this Directory has no selfish end in view. About what would be in any case the cost of the rental of offices and a commercial profit goes to the college library. That is our sole return, and none of you can be aware of the care, thought, and time given to its affairs by a few busy physicians.

I was one of the first men to see the value of specifically educated nurses and use them. Ever since I have watched with a critical eye the changes in nursing, the gain for all three concerned,—the patient, the nurse, and the doctor. The gradual appearance of evils or defects in the trained nurse, in her education, and in some other ways I wish now to discuss. I have long felt that as concerns nurses we require very radical alterations in education, and some broadening of opportunities for those who want to be not merely educated but accomplished.

There are several things every man thinks he can do; these are proverbially familiar. What he cannot do he usually knows by the time he is fifty, if he ever knows.

There are several competencies a woman is always satisfied that she possesses. I glide swiftly over perilous ground. Every American woman thinks she dresses well, has manners above criticism, and can learn to nurse. Once all women believed that they were always the best nurses for their own children,—were, in fact, nurses by Divine decree. Some doubts as to this have of late been entertained by the better educated mothers. At all events, civilized communities have reached the conclusion that to be competent as nurses, women require a technical education.

And now I want to criticise a little the present training, to point out where it fails, and indicate the need for and the manner of fuller training.

Is yours a profession? You so believe. Well, let us admit it. But by your own desire to be classed as a profession you subject yourselves to such critical treatment as I and others have mercilessly applied to the physician. I am not sure that you were wise to so label yourselves. This descriptive word is perilous. It means much; it pledges. Are you prepared to accept a code of ethics? Is all your labor to be paid? Shall you give free service to a sick nurse, or charge her? I have known it done. I have never in my life taken a fee from a physician. There is more pledged than these things when you call yours a profession. A business may prosper with honesty—a profession exacts honor, a stricter code.

At the outset I am naturally led into a discussion of what kind of

woman is best fitted to enter on a career which exacts for its noblest success a rare combination of qualities.

Some effort has been made to predetermine whether or not a woman is fit to enter the profession and then go on with the education presumed to make a nurse. Until lately the conditions of entrance to the hospitals were not very unlike in form, and most of the schools, certainly the better ones, provided for a month of trial, during which there will be some chance to decide upon those moral, mental, and bodily qualities which cannot be otherwise tested and which no certificate really covers.

A month of probation was long ago felt to be too little. At the Pennsylvania Hospital it is now six months, with a sifting examination at the end of the first half year. This is, I think, the rule at Johns Hopkins. They do still better at the Presbyterian here, and ask a year of trial. During one month a woman may hide the bad and keep in view the best of her, or may fail to show the best; but during a year what she really is reveals itself to a watchful head nurse.

And here I pause for a regret. This inspection as to less and larger morals, this exaction of certain standards of manners, of kindness, unselfishness, punctuality, watchful care, and so on, are really valuable as developing character. My regret is that the doctor also is not tried by a similar tribunal.

It should say to some of the students at the close of the year, "You have brains enough, but as to morals and manners—in fact, character—you are defective. Go and measure tape, or learn typewriting, or do clerk work."

Let us not forget, as I go on, that yours is a profession, not a mere trade or commercial business. How does it, as yet, differ from other professions? Here too points arise for discussion.

The doctor pays for his education; the nurse does not. She receives an elaborate training without charge. Unpaid physicians or highly trained nurses lecture and teach her. She will urge that her services in the wards repay the hospital. Not so. While serving she is the subject of care, thought, discipline, and lavishly given instructions, often made difficult by her want of preliminary education, and sometimes taken by her as only a slight return for her valuable services.

I propose here at the beginning of the nurse's education two reforms in present methods. I should prefer that the student nurse pay for the whole of her education. What is paid for is more valued. To lead up to this fuller reform, I should insist that at least during the first year of her training the nurse student should pay the hospital; the second year she should not pay, and the third year, if there be a third year, she should be paid. This is a compromise.

But if, as you urge, yours is a profession, why, indeed, should you not pay all through, just as we do? The student of medicine pays, and when he is graduated serves hospitals unpaid, or, later, gives endless unrequited service year after year. How much do you thus give? You will still urge that you give while learning. This is measurably true, but you are paid, as he is not, and lodged and cared for.

I do assure you that your first hospital year is to us worth little, and that even after you are trained and sent out your first year or two of private work is ridiculously overestimated as to its value by most of you, and to this question I shall return later.

First, then, I should ask that you pay to get an education. It would make you respect yourselves more, and make you duly value what you now get without giving an adequate return. But as there are women, and men too, who have no money, I should also ask that, while all should undergo a severe preliminary examination, in place of worthless certificates I would in all hospitals have a small number of free scholarships, and these should be for three or four who could pass a yet more rigid competitive test on entering and at the close of the term of probation. In a word, I would thus assimilate the conditions to those which govern our schools of medicine. These scholarships, as I said, would not be permanently given until after a period of probation has added to the test of secular education that of the moral and physical qualifications, and be subject to loss in case of obvious unfitness for ward duty.

What should constitute the education to be preëxacted I shall not discuss at length. It cannot be too good. A diploma from a high school or a college would satisfy me, and for those who had it not I should insist on certain qualifications which would be equivalent. This would keep out some. Why not? We physicians are doing this, and our business is not to make all the M.D.'s we can, but to train only such as it is worth while to train.

Suppose the woman to have been primarily accepted by the hospital. In some way I would ease the work of the first year. For six months my pupil should do no nursing. She should be taught ward house-keeping, and what is meant by cleanliness in ward, kitchen, and laundry. Cooking she should learn, and what it does for foods. Lessons in hygiene and instructions in bandaging should be given, and she should learn chamber exercises, massage, some of the ways to use water, thermometry, etc. In our present system she is hopelessly overloaded with studies of what she has to apply daily. There is too much headwork, or, rather, head and body are both overworked at once.

As every head nurse of a large hospital knows, the nurse, especially in her first year, lives up to or beyond the limit of her strength. Too

weary to care for outside interests, apt to be a stranger and friendless, she desires when off duty to lie down and rest. She has expended her fund of energy, so that it is a hardship to go out and walk. I may add that some head nurses are opposed to nurse students amusing themselves outside of the hospital. But what provision is made within for recreation? The possibility of music, books, games, and a gymnasium occurs to me, but, above all, some way to lessen the first year's work is desirable, and some way to limit the number of half-trained nurses.

I do not pretend here to give a complete schedule of all that a course implies. The hospitals are pouring out every year in this city about two hundred and fifty graduate nurses. Many of them are really most unfit, and many never were fit to undertake the work of nursing. They compete with the best of you on even terms for private nursing, and your profession is being loaded with ill-bred, half-trained competitors who are only by degrees tried and rejected by worried physicians. If, then, my plan lessened your number by paid preliminary instructions, it would incidentally correct other ills. For instance, the hours of ward work, and generally of night work, are very often too long. If the first year got rid of much of the theoretic and some of the practical teaching, with less to study thereafter, the ward work to follow would be all the better done, and the student-nurse not so liable to be overtaxed in mind and body.

I am pleased to say that all these changes I advocated in 1892 in a lecture, and that to-day in Johns Hopkins and in some of the London hospitals this course of primary preparative study is in active use.

Permit me here again to point out that you should do as physicians do. A year is given by us to preparation for the intelligent use of the clinical instruction which is to follow. At one time we mixed it all in bewildering confusion.

What has been here urged looks to the hospital for this period of preliminary instruction outside of the ward. There is a better way.

Two distinguished nurse directresses call to my attention the possibility of saving time, money, and much disappointment by having one central training-school to teach all the preliminary knowledge which ought to precede hard work. There are various ways of using such a school. I think it would save us much all round. To this school the hospitals could send their primarily accepted pupils, but other women could use its advantages if so desired. Many women not in training for nurses would use it. Just what its relations to hospitals should be it will be time to consider when the head nurses here agree to ask their Managing Boards to favor such a scheme of a college or school. This is what a head nurse writes of this plan: "Instead of each hospital having teachers for

the preliminary training outlined in your paper, I should like to recommend a central preparatory school where recognized hospital training-schools could send their accepted candidates. It might be better to have these candidates in the wards for a month to find out if they cared to take the course. The theoretical part of a nurse's training could be given in a school-year's course, for which the pupil should pay. The school would have its corps of lecturers and instructors, and the course would include anatomy, physiology, domestic science with class demonstrations, hygiene, bandaging, thermometry, materia medica, dietetics, massage, use and cost of hospital appliances, economy, ethics, etc.

"After passing a satisfactory examination the pupil would be admitted to her school for two-years' practical service. Having finished the theoretical part of her training, she would only receive bedside and class instruction in practical nursing and in the ethics of nursing."

There are many among you, and will be more as the highly educated enter your ranks, who like to broaden their training. Suppose a nurse to have come out of one of the great hospitals where obstetrics is not taught. Her general training is good, but now she wishes the training in obstetrics or in nervous diseases or eye diseases. Where shall she go to receive the three months of desired additional education? Or suppose a nurse from the infirmary for nervous diseases wishes to get for six months the training of a general hospital. She already has what no other school gives as well—admirable training in electricity, hydrotherapy, and all forms of mechanical treatment, as well as experience with hysteria and nervous cases. The general hospitals will not take her except for a full course, and the special hospitals are as unreasonably exclusive.

These added trainings may be of great value. A nurse from the infirmary for nervous diseases is relatively unfit to care for scarlet fever or typhoid. The nurse from the great general hospitals is next to useless in bad hysterics or difficult rest cases. We have to complete their education.

And now a word here as to post-graduate study. At the Presbyterian Hospital their own graduate nurses may return for post-graduate study. To my surprise none ever do so, and yet you call yours a profession. We do not so deal with education. We are constantly returning to the head-springs of instruction for experience and novelties.

Want of accommodation is urged as against giving these privileges, but all of these needs for added training could be secured by allowing the use of outside nurses who should pay for their training and not live in the hospital. It works well in England. Why not here? If, now, as a body you should insist on such privileges, you would surely get them, despite the terrible rigidity of all hospital methods.

Most of all do we still need nurses who are competently trained to take care of the curable insane. For this a nurse should first graduate from a general hospital, and then ought to have two years in a hospital for the insane. Who among you will give to what you call your profession four years, or five years, as we often do? I have rarely known women who would do this.

I have much to do with the insane, and I assure you that to be here competent as a nurse requires a combination of moral and mental qualities rarely met with, and certainly not in the average nurse sent from asylums. And yet it is past doubt that line of nursing which is the highest and most difficult, and the one in which most of our trained nurses utterly fail.

It is, indeed, here that we most need nurses, and nowhere is this nursing adequately taught.

What I have said or hinted as to accomplishments in a nurse applies to the care of the insane with exceptional force. To read well, to sing, to play, or to be ingenious, adaptive, keenly observant, are all required. To be strong in body as well, and to be patient, sweet-tempered, watchful, and, above all, really dutiful and brave, all these qualities are requisite to nurse well the insane or the hysterical.

As a rule, the nursing in insane asylums is underpaid and commands few competently trained nurses. The medical service also, as a rule, is underpaid in these institutions, but I am glad to add that the quality and the training of the nurse and of the doctor in asylums is slowly rising, and will continue to rise.

I have spoken briefly of the qualities which can be trained in hospitals. Outside of their walls new conditions await you, and, let me add, new pitfalls and varied temptations. If you are self-critical, you will learn where your needs or defects lie; if not, you will go on, and, finding that you get fewer and fewer cases, begin to blame the Directories, and everyone except yourself. One of the most serious of human defects is to have no doubt of one's self-competence.

If you complete a case and go out paid, shall you rest sure that you have done well? Have you? I know a few nurses who always ask me if I am satisfied. As to the family, only too glad to be rid of sickness, nurse, and doctor, they say nothing except to their friends, and only the gravest faults are complained of formally. Not very many people keep school for themselves after they are of age, and the result is that moral education soon stops except for the fortunate self-critical few.

Before I close let me add a few words here which may or may not have personal value according to how much you need them or how far you are capable of using what I have said. A woman went to nurse a

patient. She did it admirably. She said to me, "They just let me go without a word of thanks." She was so technically perfect as a nurse in acute illness that I thought it wise to tell her why she went unthanked, and when at the last she said, "and I did work so hard," I saw my way, for I knew her well. "They should have thanked you," I said. "But these are people of moderate means. An illness to them is a calamity which they will feel financially for a year or two. The mother said to me that you had not the smallest consideration for anyone but your patient and yourself." The criticism was just. It did no good, but it was true.

An excellent woman said to me lately: "You are a great friend of the nurses. Why do they so turn a house upside down and make the servants hate them?" Now it is really a sad thing that very generally people complain of the exactions of nurses and of the way their wants and thoughtless claims disorganize households and add difficulties where already there are too many. *We* hear all this; *you* do not. You can have no idea how common is this kind of criticism. I have talked of it before and of the often absurd way in which nurses stand on their dignity.

It all comes down to this. You cannot be in the highest sense a good nurse unless you are a good woman. Thank God, all nurses are not selfish or unthoughtful of others, or exacting, or unreasonable. I have had nurses in my house to whom I shall forever be grateful for showing me how good and efficient a woman may be. I have seen women leave houses where disease and death have been and where every servant was sorry they were going.

When, as happens often, women say to me, "Your nurse is very good, but I never want to see her again," I ask why—I always ask why; and these are actual answers: "She had to be waited on until my servants were tired out. She was forever ringing bells to get done for her what she could easily do for herself." Again: "Yes, an excellent nurse, but absolutely without power to see that we are paying her at terrible cost." Or again, "Yes, she was clean, but very wanting in neatness"—a common complaint.

Suppose that on entering a house a nurse were to say to herself, "Here is a great calamity;" let her reflect that in modern days fever, an operation, a contagious disease, is enormously more expensive than it was forty years ago. Nurses, doctors, all the apparatus of illness has risen in cost. Suppose she said, "Here will be people on the strain, distracted hearts, fear, servants who may or may not rise helpfully to the occasion." Let her finally resolve that she will do her work with as little call on a troubled home as is possible, with thoughtfulness, charity, and perfect consideration. Then a second nurse is needed. Very soon

there is apt to be jealousy, or some lack of will or power to work coördinately with the first nurse. This is very common and very exasperating. Here is want of training. It is a defect of heart, of character, or of manner, or of all three.

I have often wanted to unite the entire self-devotion of the sisterhoods with the perfect training of the secular nurse. Do not misunderstand me here. I do not believe in sisterhoods, and I have seen and admired the union of perfect training and high sense of religious duty combined in the lay nurse; but it is rare, very rare, in your profession and in mine.

Some nurse with the head, some with the heart, some with both head and heart. Nursing knowledge can be got, but nursing, the highest nursing, is more a question of character than of acquirements. Really, believe me, it is a question of goodness, of that side of character which makes for the righteous life, sweet temper, unselfishness, truth—that honesty which is eager to do more than merely to earn wages. I like to say all this, and I delight to repeat what I say whenever I get a chance, that there is a limit to every one's intellectual or technical attainments. There is none to our growth in goodness. And let me say here that such goodness as I crave for the true nurse is the best policy and has commercial value.

I have just let fall a word about the sisterhoods. As these good women are certainly devoted, earnest, and courageous, it is a good thing to know that by degrees they are admitting the need of secular training.

But because work is paid work it has no need to be worse than unpaid work; nor, indeed, is it. These good women will at last match your training. Is there not something they can teach many of you to-day? Yes. It is that all honest work is Christ's work, paid or unpaid. It is how you do it, and with what spirit, that is of moment, and we will be all the better for the thought that we are in His service and bound upon His errands.

Take with you, then, at last, the memory of the words I once said to the assembled best of my own profession. You too go with us where there are risks of war and of pestilence.

Learn, as we should, to feel deeply that you are soldiers of duty, that you are

“ To give what none can measure, none can weigh,
Simply to go where duty points the way;
To face unquestioning the fever's breath,
The hundred shadows of the vale of death;
To bear Christ's message through the battle's rage,
The yellow plague, the leper's island cage,
And with our noblest ‘ well to understand
The poor man's call as only God's command.’ ”